

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-28973 ✓

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-1646-5

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

1. Type of Well

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

175

3. Address of operator

P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location ^{9L}/_{84L}

Unit Letter A : 1010 / 924 Feet From The South Line and 820 / 938 Feet From The East Line

Section 6 Township 19S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3625' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☒ ACIDIZE

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103.

RUSU 10/1/92. POH X PROD EQPT X RIH X BIT X SCRAPER X TBG X TAG AT 4305' X POH X RIH X PACKER X ACD X 5000 GAL 20% NE
HCL X 3 STAGES X 1500 GAL 400# SALT X 1500 GAL X 600# SALT X 2000 GAL X FLUSH X POH X PACKER X RIH X PROD EQPT.

RDSU 10/3/92 X RETURN TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 02-17-93

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7686

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE FEB 25 1993

CONDITIONS OF APPROVAL, IF ANY: